

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
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24						
25		20				
26		20				
27		20				
28		20				
29		20				
30		20				
31		20				
32		20				
33						
34	1					
35	1					
36		1				
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	117					
TOTAL CLAIMS	220					

  

51						
52						
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57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71	16					
72	2					
73	8					
74						
75						
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92						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

28  
192  
220

2  
23  
8  
184  
36  
220

197